

# Program Activity Cover Page

Program Name: Stanislaus County CARES Project

Program ID 1 5 0 0 0 1

**Directions:** Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

**1. Please mark (X) which type of organization best describes the agency providing this program:**

- ☐ Commission-run program → Go to question 3.  
☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

☐ **Family resource center  
Child care center or preschool**

- ☐ Head Start  
☐ State preschool  
☐ Private preschool  
☐ Family-based child care  
☐ Other child care center or preschool

**County service agency (other than education)**

- ☐ Department of Health  
☐ Department of Social Services  
☐ Department of Mental Health  
☐ Other county service agency

**Private provider/nonprofit community organization**

- ☐ Community-based organization  
☐ Other nonprofit organization  
☐ Private medical, dental, or mental health organization  
☐ Other private organization

**Education organization**

- ☐ Elementary or middle school (K-8)  
☐ Secondary school (9-12)  
☐ School district  
☐ County office of education  
☒ 2-year community college  
☐ 4-year college or university  
☐ Other education organization

**Other public-sector organization**

- ☐ Justice system/police  
☐ City government program  
☐ Other government program

**Consulting organization**

- ☐ Evaluation/research organization  
☐ Technical assistance organization  
☐ Other consulting organization

☐ **Other organization**

**2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.**

Street address 1 6 2 0 N C A R P E N T E R R D C - 1 6

Service radius (miles)

City M O D E S T O

Zip 9 5 3 5 1

3 0 . 0

**3. Does this funded program receive State School Readiness Initiative funds?** ☐ Yes ☒ No

**4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.**

☐ Direct services:

\$ , ,

☐ Community strengthening efforts:

\$ , ,

☒ Provider capacity building/support:

\$ 5 8 4 , 5 5 0

☐ Infrastructure investments:

\$ , ,

☐ Systems change support activities:

\$ , ,

☐ Minigrants (Commission-run only):

\$ , ,

Please attach the Activity Form for each strategy marked.

34192

10833

# Provider Capacity Building/Support Activity Form

Provider Training, Professional Development, or Information Sessions (includes One-on-One Technical Assistance)

Program Name: Stanislaus County CARES Project

Program ID

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**Directions:** Please mark (X) each type of training or activity conducted, then enter the requested information. Providers should be counted for each training topic or activity they participated in. **Please use a black ink pen.** Other ink colors and pencil cannot be read by our scanners.

	Training Topic			Practices or information to support school readiness**	Other
	Serving families and children with disabilities and other special needs	Cultural diversity training	Licensing/ accreditation		
If yes, mark (X).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Number of trainings

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Total number of providers

--	--	--	--	--	--

Types of providers (numbers)

Family-based ECE\*

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Center-based ECE\*

--	--	--	--	--	--

Kindergarten teachers

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Health care

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Family support

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Other

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\* ECE = Early care and education.

\*\* For example, use of developmental assessments, new curricula, ways to involve parents, early mental health issues, early literacy development.

Other Provider Capacity Building/Support on reverse →